APPLICATION

Maryland Energy Administration

STATEWIDE COMPETITIVE

EmPOWER Clean Energy Communities FY2016 Low-to-Moderate Income Grant Program

APPLICATION DEADLINE: 11:59 p.m. EST, Monday, November 30, 2015

| 1. Name of Applicant Organi | zation | | | | |
|--|---------------------------|------------------|-------------------|--|--|
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| 2. Description of Applicant Organization: Please briefly provide MEA with a description of your organization's mission and/or purpose as well as an overview of your organizational structure. | | | | | |
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| Authorized Representative | | | | | |
| 3. Name of individual with signature authority for the applicant organization | 4. Title | 5. Phone Number | 6. Email Address | | |
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| For Local Governments Only | y (all others skip to 11) | | | | |
| 7. Name of attorney responsible for grant agreement review | 8. Title | 9. Phone Number | 10. Email Address | | |
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| Application Contact | | | | | |
| 11. Name of individual completing the application | 12. Title | 13. Phone Number | 14. Email Address | | |
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| Project Manager | | | | | |
| 15. Name of individual who will manage the project on a day-to-day basis | 16. Title | 17. Phone Number | 18. Email Address | | |
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| 19. Does your organization have a limit will be required to provide these number what is listed on your organization's IR | ers prior to grant ex | | | |
|---|--|---|---|--|
| □Yes □No | , | | | |
| 20. Applicant Street Address. Please include five digit zip code | | 21. Applicant Mailing Address (if different). Please include five digit zip code. | | |
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| 22. Application Submittal Date | 23. U.S. Congressional District where work is to be performed. Enter address and click "Find." Your U.S. Congressional district will be shown on the left side of the screen as "Maryland District." | | 24. MD Legislative District where work is to be performed. Enter address and click "Find." Your Maryland Legislative district will be shown on the left side of the screen as "District." | |
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| 25. Maryland County or Counties wh | nere proposed pro | ject(s) will be complete | ed. | |
| Allegany County Anne Arundel County Baltimore City Baltimore County Calvert County Caroline County Carroll County Cecil County | Charles C Dorcheste Frederick Garrett Co Harford C Howard C Kent Coul | er County County ounty ounty ounty | ☐ Prince George's County ☐ Queen Anne's County ☐ St. Mary's County ☐ Somerset County ☐ Talbot County ☐ Washington County ☐ Wicomico County ☐ Worcester County | |
| 26. Total Competitive EmPOWER CI | ean Energy Comm | unities Grant Program | funding request (\$) | |
| | | | | |
| 27. Total Funding Match/Leveraged Funds (\$) Please list all funding matches (dollars, labor, supplies, administrative support, etc.) provided by the applicant organization or organizations other than MEA that are helping to fund the proposed energy efficiency project. <i>Note: Matching funds are not a requirement of this grant program.</i> | | | | |
| Does your electric utility offer an incentive program for energy efficiency improvements? Yes No | | | | |
| Check the offerings of your utility at the | e appropriate web s | | Electric (BGE) Potomac Edison D Delmarva Washington Gas | |
| Have you applied or do you plan to app | ply to a utility incent | ive program? | □Yes □No | |
| If yes: Utility Check one: Applied for Expected date of award: | Potential Awarded | incentive \$ | | |
| Non-utility funding sources you intend Name | | · · · | | |
| Please attach applications, award lette Documentation is attached. | rs or other docume | ntation related to utility a | nd other incentive programs. | |

| 28. Project Narrative: Please provide a summary of your project. The summary should include a detailed description of each energy measure installed as part of your proposed project. If your project is occurring in multiple locations, please clearly describe the work that will be occurring in each location. While developing your project, please review the <i>Grant Restrictions and Limitations</i> outlined on pages 3 and 4 of the EmPOWER Clean Energy Communities Fiscal Year 2016 Low-to-Moderate Income Grant Program Application Instructions. |
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| 29. Annual Energy Savings: Please provide an estimate of the amount of energy, by type (e.g. kWh, gallons of heating oil), that will be saved annually through your proposed project. Energy savings is a key review criterion, so please do your best to show accurate energy-saving assumptions. You may attach documents showing your math and assumptions if necessary. |
| For residential energy measures, please use the energy assumptions outlined on pages 6 and 7 of the EmPOWER Clean Energy Communities Fiscal Year 2016 Low-to-Moderate Income Grant Program Application Instructions as your primary source of energy savings estimates. For commercial energy measures, as well as any residential energy measures not included in the list of energy assumptions outlined on pages 6 and 7, grant applicants should use energy estimates completed by qualified auditors, online calculators maintained by the U.S. Department of Energy (DOE), ENERGY STAR calculators, etc. A sample energy savings calculation can be found on page 8 of the EmPOWER Clean Energy Communities |
| Fiscal Year 2016 Low-to-Moderate Income Grant Program Application Instructions. |
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| 30. Impact on low-to-moderate income Marylanders : Please include an estimate of the number of low-to-moderate income individuals and/or households that will benefit from this project over a fifteen year period, the anticipated life of many potential energy efficiency measures. For examples of how to calculate the number of low-to-moderate individuals who will be impacted by this grant program, see pages 4 and 5 of the EmPOWER Clean Energy Communities Fiscal Year 2016 Low-to-Moderate Income Grant Program Application Instructions. | | | | | |
|---|----------|---------------------------|--------------------|---------------------|--|
| Clearly outline the ways in which low-to-moderate income individuals and/or households will benefit (directly or indirectly) from your project should you receive an award. | | | | | |
| (number) low-to-moderate income | | | | | |
| They would benefit in the following ways: | | | | | |
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| 31. Geographic Areas : Please indicate the geographic to take place under this grant. List all locations, if | | | ode) where proje | ct work is expected | |
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| 32. Priority Funding Areas: The State of Maryland gives priority to projects occurring in Priority Funding Areas. According to the Maryland Department of Planning (MDP) website, Priority Funding Areas are existing communities and places where local governments want State investment to support future growth. The following areas qualify as Priority Funding Areas: every municipality, as they existed in 1997; areas inside the Washington Beltway and the Baltimore Beltway; areas already designated as enterprise zones, neighborhood revitalization areas, heritage areas and existing industrial land. | | | | | |
| See the <u>map of Priority Funding Areas</u> , including a search by address feature, on the MDP website. Will your project, in full or in part, be occurring in an area designated for Priority Funding? | | | | | |
| □Yes □No | | | | | |
| 33. Cost Breakdown : Complete the following table describing each component of the project and its estimated cost. Please add more rows as necessary. For each item, please list the source of the estimate (vendor estimate, quotation, proposed installed cost, website, etc). If available, please provide price estimate documentation as an attachment. Costs must include both material and labor. This information is critical to ranking your application. | | | | | |
| Item or activity | Check as | appropriate Equipment or | Source of Price | Cost Amount (\$) | |
| item of activity | Labor | Supplies | Estimate | Cost Amount (\$) | |
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| Applicant supplied matching funds | | | | |
| Administrative costs (maximum of 10% of total project costs): | | | | |
| Total Cost of Project | | | | |
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| 34. Administrative Costs : If you have requested administrative costs in Section 33. Cost Breakdown , outline how administrative costs are required to enable your project. Note that only up to 10% of your award may be used to cover administrative costs. See page 4 of the EmPOWER Clean Energy Communities Fiscal Year 2016 Low-to-Moderate Income Grant Program Application Instructions for more on administrative costs. | | | | |
| Total administrative costs: \$ | | | | |
| Use | | Amount | | |
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| 35. Project Schedule : Describe your proposed project schedule in the table below. List all major project milestones in the first column. In the last column, please list the expected completion date. For this schedule, assume that February 1, 2016 is the earliest that your grant funds will be available. Grant construction must be completed by October 30, 2016 , with invoices submitted to MEA by November 30, 2016 . Create your project schedule accordingly to comply with this timeframe, taking into consideration scheduling concerns that may impact your organization (facility schedules, holidays, weather, etc.), as well as equipment and material lead times. | | | | |
| soliedules, fiolidays, weather, etc. j, as well as ed | uipment and materia | ir lead times. | | |
| Project Milestone | шртент ана татена | | xpected Comple | etion Date |
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| Project Milestone | | E | | |
| · · · · · · · · · · · · · · · · · · · | ompleted and invoice | s can be subn | | |
| Project Milestone 36. Project Completion: This project can be considered as a second consi | ompleted and invoice | s can be subn | | |
| Project Milestone 36. Project Completion: This project can be cogrant period occurring between February 2016 a | ompleted and invoice | s can be subn | nitted to MEA with | nin the anticipated |
| Project Milestone 36. Project Completion: This project can be cogrant period occurring between February 2016 at Yes No 37. Proof of incorporation: Proof of incorporation | ompleted and invoice and November 30 , 20 ion is required for all | s can be subn | nitted to MEA with | nin the anticipated |
| Project Milestone 36. Project Completion: This project can be cogrant period occurring between February 2016 at Yes No 37. Proof of incorporation: Proof of incorporation not need to provide proof of eligibility. | ompleted and invoice and November 30, 2 0 ion is required for all organization. | s can be subn | nitted to MEA with | nin the anticipated |
| Project Milestone 36. Project Completion: This project can be cogrant period occurring between February 2016 at Yes No 37. Proof of incorporation: Proof of incorporation not need to provide proof of eligibility. Proof of eligibility has been attached for my of the state of t | ompleted and invoice and November 30, 2 0 ion is required for all organization. | s can be subn | nitted to MEA with | nin the anticipated |
| Project Milestone 36. Project Completion: This project can be cogrant period occurring between February 2016 at Yes No 37. Proof of incorporation: Proof of incorporation not need to provide proof of eligibility. Proof of eligibility has been attached for my of the state of t | ompleted and invoice and November 30, 2 0 ion is required for all organization. | s can be subn | nitted to MEA with | nin the anticipated |

| 38. Procurement Policy and/or Practices: Briefly describe your organization's procurement policy. If your organization does not have a formalized procurement policy, outline how you would identify contractors and vendors to provide goods and services, should you receive a grant award from MEA. |
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| 39. Additional Funds: If additional Competitive EmPOWER Clean Energy Communities grant funding becomes available, does your organization have an interest and the capability to complete additional energy efficiency projects consistent with your original grant application by the grant deadlines? |
| ☐ Yes ☐ No |
| Comments: |
| |
| 40. Eligibility verification (individual participants): If your organization is awarded a Competitive EmPOWER Clean Energy Communities Grant Program grant, describe the process that will be used to verify that all participants/beneficiaries comply with the low-to-moderate income requirements outlined on pages 2 and 3 of the EmPOWER Clean Energy Communities Fiscal Year 2016 Low-to-Moderate Income Grant Program Application Instructions. |
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| 41. Does your non-profit have any relationship with any for-profit entity, including, but not limited to, past or |
| present business affiliations that may be performing work associated with your proposed project? |
| ☐ Yes ☐ No |
| If yes, please explain this relationship and how the procurement process to choose the method of delivery for goods and services will be conducted to assure cost effectiveness/best value for the state. |
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| 42. If selected for a grant, how do you plan on requesting reimbursement from MEA? |
| ☐ Receipts/invoices |
| ☐ Installed cost (must first be preapproved by MEA) |

| ☐ Time logs f | or in-house labor (after preapproval from MEA) | |
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| | or in neade laber (alter preappreval nem with the | |
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Agreement to Terms, Conditions and Certification

By signing and dating the application below, I certify that I agree to the following terms and conditions:

- 1. I understand that applications are accepted and grants are awarded on a competitive basis, with applications to be **e-mailed no later than 11:59 p.m. Eastern Time, October 30, 2015**. Applications must be submitted electronically to EmPOWERMD.LMI@sra.com.
- 2. I certify that the building(s) to be upgraded are located in the state of Maryland.
- 3. I understand that this application does not guarantee that I will be awarded a grant for the proposed energy efficiency project.
- 4. To be eligible for grant funding, I understand that the equipment MAY NOT be installed before my organization has an executed Grant Agreement with MEA.
- 5. I give permission to the Maryland Energy Administration (MEA) or its representative(s) to use photos of my facility, and data presented in my final energy evaluation or audit report for marketing, publicity, and advertising purposes. MEA and its representatives, subject to the requirements of the Maryland Public Information Act, §10-611 et seq. of the State Government Article, will not divulge any confidential information or trade secrets.
- 6. Under penalties of perjury, I, the Applicant, certify that: I will be able to provide a Federal Tax ID number should I be selected for an award; I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and I am a U.S. citizen or other U.S. person (as defined in IRS Form W-9).
- 7. I understand that any grant received through this program is taxable as income; therefore the State of Maryland will be sending a 1099-G form, and shall be reported as income on federal and state tax returns. For more information, applicants should contact a qualified tax professional.
- 8. I will allow authorized representatives of the EmPOWER Clean Energy Communities Low-to-Moderate Income Competitive Grant Program access to my facility in order to conduct energy audits, site inspections, or measurement & verification activities.
- 9. I understand the program terms & conditions are subject to change.
- 10. I understand that any grant payment will be contingent upon MEA acceptance and/or inspection of the equipment installed.
- 11. Each party shall indemnify the other for any losses or damages, except to the extent that the losses or damages arise from a party's sole negligence or willful misconduct.
- 12. MEA and its contractors make no representation or warranty, and assume no liability with respect to quality, safety, performance, or other aspect of any design, system or appliance installed pursuant to this application, and expressly disclaim any such representation, warranty or liability.

| 13. I certify that I am an authorized signatory for the Applicant. | |
|--|--|
| ☐ By checking this box and typing my name below, I am electronically signing my application. | |

Name and title (please print): _____

Organization Name: _____

FY 2016 Grant Due Date: Monday, November 30, 2015

Updated 9/16/2015

Date: